



BREAST, BOTTLE...BOTH?

WORKING TOGETHER TO BETTER SUPPORT
MIXED-FEEDING MOTHERS AND FAMILIES

Michelle Finn, MS, IBCLC

About me



- Lactation Program Coordinator at Shawnee Mission Medical Center, a Baby-Friendly designated facility.
- Former board member of the Kansas Breastfeeding Coalition
- La Leche League leader
...and a former WIC recipient!

an overview

- Why exclusive breastfeeding?
- Barriers to exclusive breastfeeding
- Real support for mixed feeding families

American Academy of Pediatrics

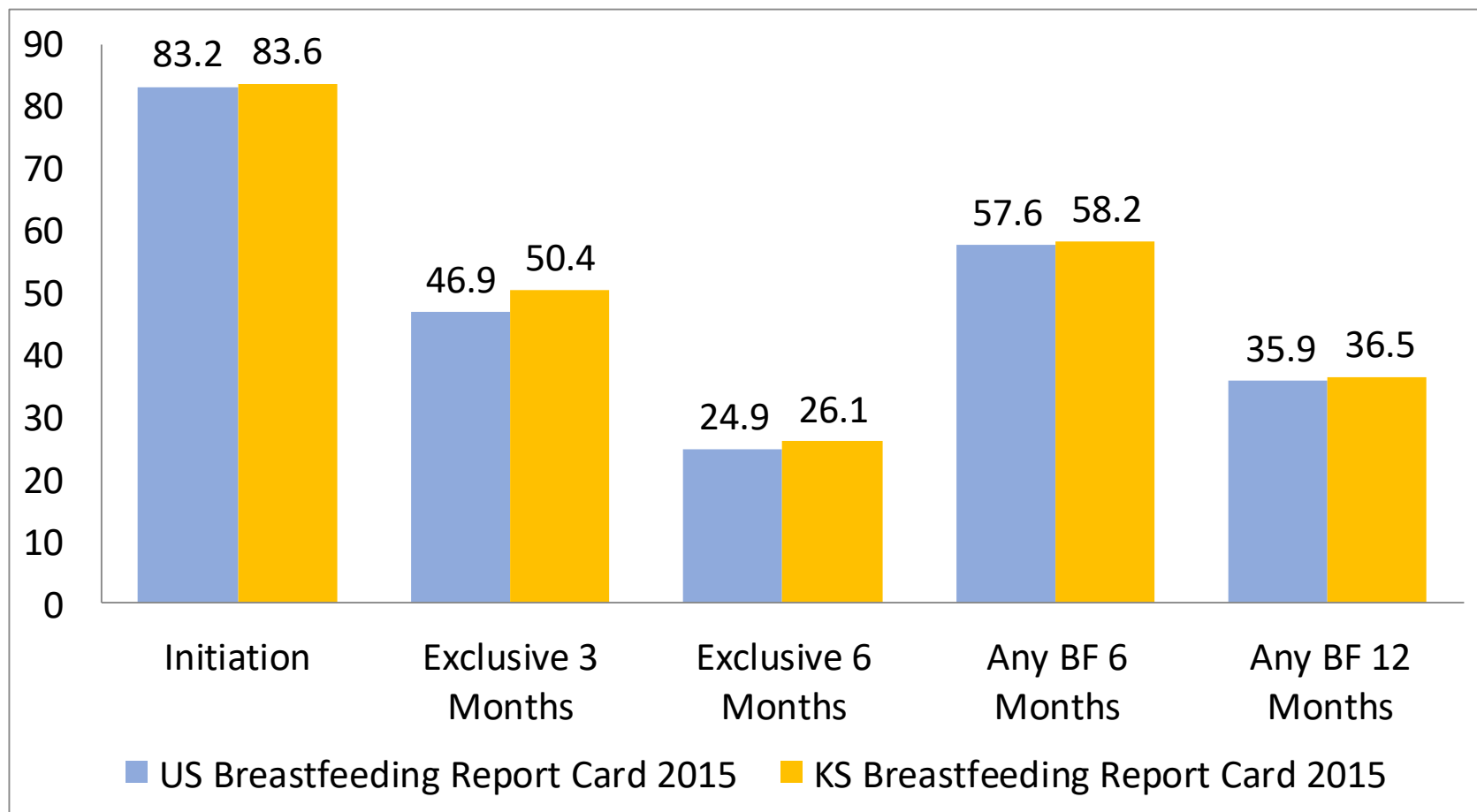
DEDICATED TO THE HEALTH OF ALL CHILDREN™



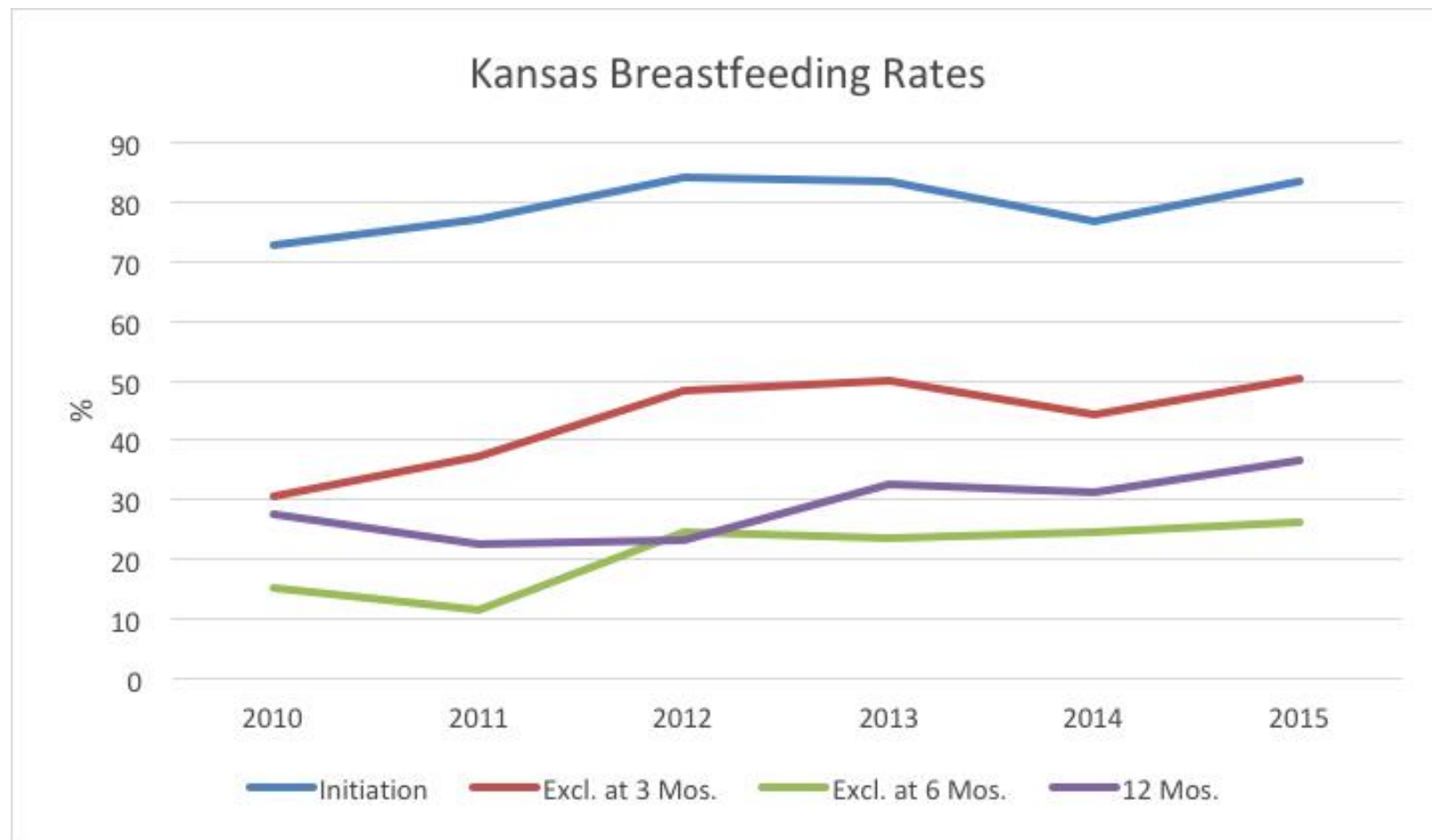
*“Breastfeeding and human milk are the **normative standards** for infant feeding and nutrition. Given the documented short- and long-term medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be **considered a public health issue and not simply a lifestyle choice.**”*

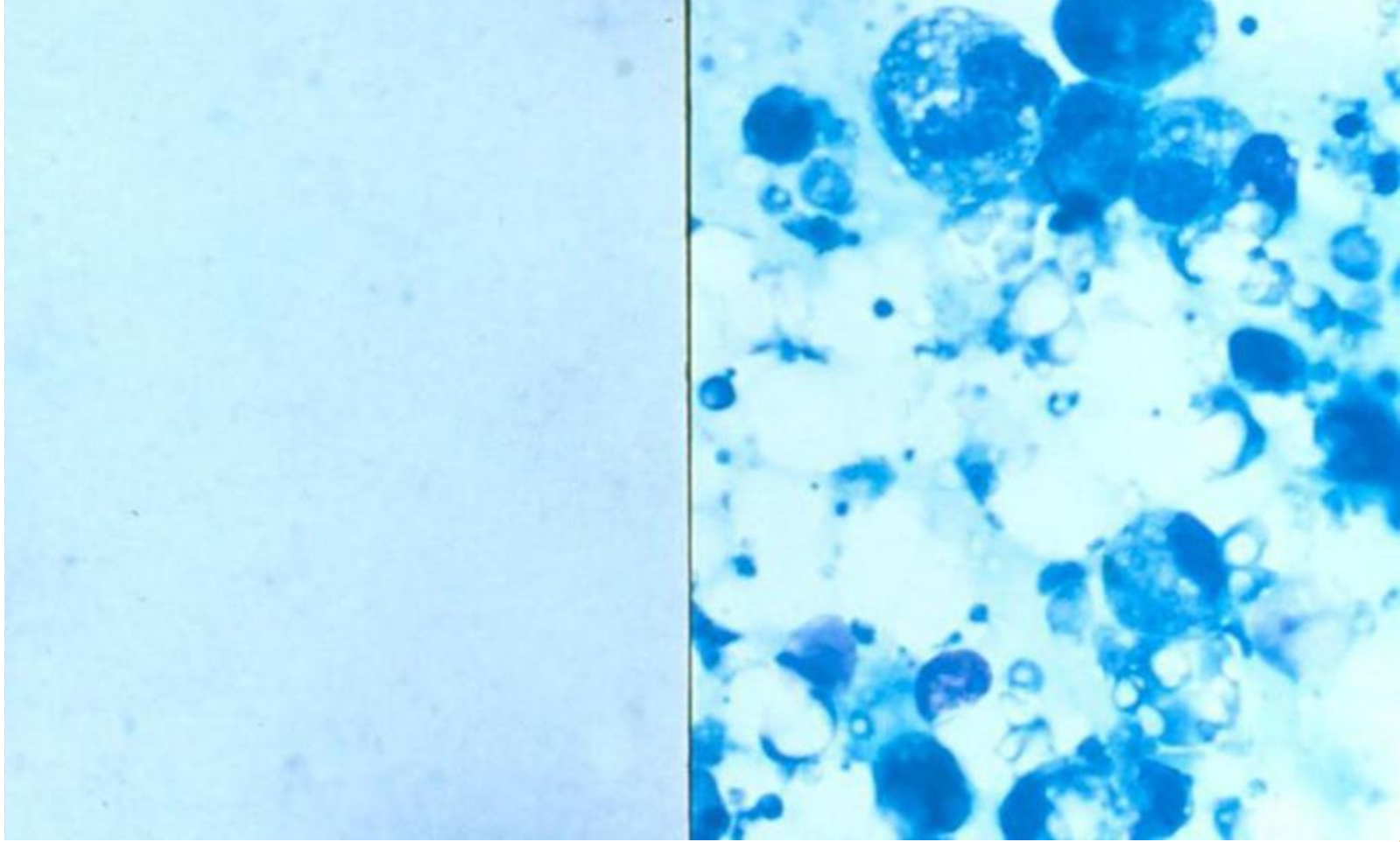
-- From the AAP's Policy Statement on
Breastfeeding and the Use of Human Milk,
February 2012

Breastfeeding by the numbers



A close-up in Kansas





Why exclusive breastfeeding?

protective aspects of breastmilk

- Secretory IgA and other immunoglobulins
- Pre- and probiotics to ensure proper colonization of the gut
- LCPUFAs for brain and eye development
- Entero-mammary pathway
- HAMLET
- Stem cells for internal repair
- Lymphocytes
- Anti-inflammatory factors

protective aspects of breastmilk

Species-specific proteins are non-allergenic

Allows for optimal absorption of nutrients



≠



protective aspects for babies

When compared to formula, babies fed breastmilk have lower incidences of:

NEC, gastrointestinal infection, reflux, otitis media, pneumonia and other respiratory infections, SIDS, asthma, leukemia and other cancers, celiac disease, diabetes (type 1 and 2), Crohn's, bacterial meningitis, juvenile rheumatoid arthritis, dental caries, eczema, allergies and obesity.

Ip S, et al: *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*, April 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/brfouttp.htm>

AAP *Pediatrics* 2012;129:e827-41.

protective aspects for babies

Obesity is one of the most significant childhood health problems in the U.S.

- Incidence decreased in the breastfed population
- 177,304 children followed up to 60 months
- Controlled for gender, ethnicity/race
- Greatest protection with breastfeeding for >12 mos

Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries, Structured Abstract. April 2007. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/tp/brfouttp.htm>

AAP Section on Breastfeeding: Breastfeeding and the Use of Human Milk, *Pediatrics* 2005;115:496-506.

Evidence on the Long Term Effects of Breastfeeding: Systematic Reviews and Meta-analyses, World Health Organization 2007, Geneva, Switzerland. http://www.who.int/child-adolescent-health/publications/NUTRITION/ISBN_92_4_159523_0.htm

for the health of mom, too!

- Decreased postpartum bleeding
- More rapid uterine involution
- Increased child spacing
- Decreased risk of postpartum depression



for the health of mom, too!



The longer a woman breastfeeds in her lifetime,
the lower her risk of:

breast cancer, ovarian cancer, uterine cancer,
osteoporosis, obesity, rheumatoid arthritis,
diabetes, hypertension, heart disease and high
cholesterol.

exclusivity -- why it matters



Combination feeding is associated with:

- Diminishing mother's milk supply
- Nipple/bottle preference over the breast
- Negatively altered newborn gut flora -- more pathogenic bacteria

exclusivity -- why it matters

- Exposure to cow's milk proteins in formula increases likelihood of allergies
- Interferes with normal frequency of feedings
- Shortens duration of overall breastfeeding





Barriers to exclusive breastfeeding

Surgeon General's Call to Action

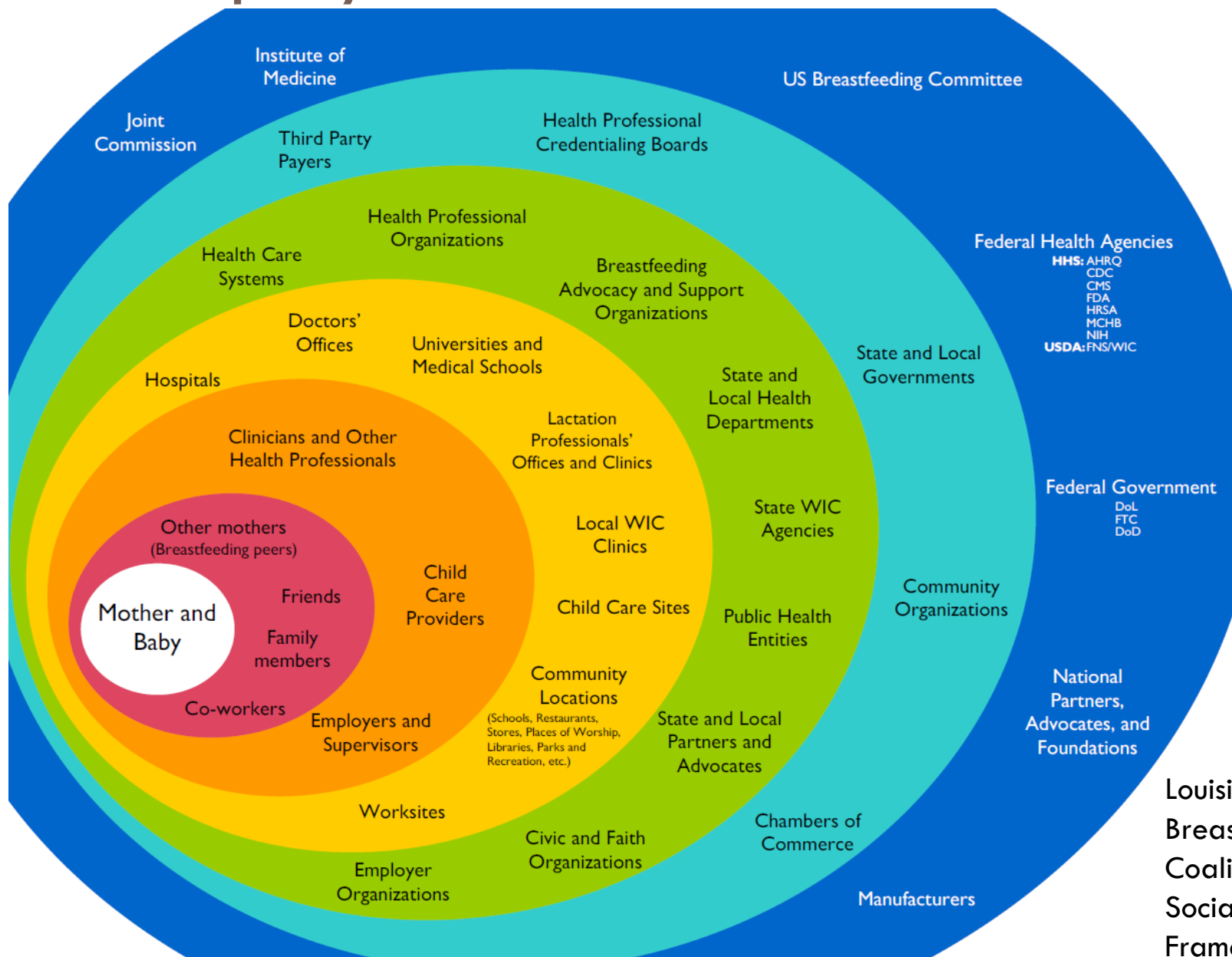
“One of the most highly effective preventive measures a mother can take to protect the health of her infant and herself is to breastfeed.”

-- From the U.S. Surgeon General's 2011
Call to Action to Support Breastfeeding



Dr. Regina Benjamin

We all play a role!



Louisiana
Breastfeeding
Coalition – the
Social Ecological
Framework

Barriers to Exclusive Breastfeeding

- ❑ Lack of experience or understanding among family members of how best to support mothers and babies.
 - Cultural norms that discourage exclusivity
 - Family norms/values
 - Community norms which may foster embarrassment about breastfeeding in public. Look for “Breastfeeding Welcome Here” businesses in your community.

- ❑ Not enough opportunities to communicate with other breastfeeding mothers.
 - Inadequate number of mother-to-mother support groups, and skilled lactation professionals when needed
 - Difficulty accessing such groups and skilled lactation care due to lack of transportation, financial concerns, inadequate insurance coverage, language barriers, early return to work. What resources are in your area?

Barriers to Exclusive Breastfeeding

- ❑ Lack of up-to-date instruction and information from health care professionals.
 - Recommended levels of education for physicians, mid-level providers and nurses not being met.
 - Often providing outdated info and based on personal experiences rather than evidenced-informed information.
 - Are there pediatric or OB providers in your area that have received the KAAP's Breastfeeding-Friendly Practice designation?
- ❑ Hospital practices that make it hard to get started with successful breastfeeding.
 - Mother-baby separations, early use of pacifiers, bottles, formula when not medically indicated.
 - Look for High 5 or Baby-Friendly designated birthing facilities.

Barriers to Exclusive Breastfeeding

- ❑ Lack of accommodation to breastfeed or express milk at the workplace.
 - Access to a quality breast pump
 - Space to pump, and the time needed per HR policy.
 - Support from supervisor, colleagues and clients
 - Look for bronze, silver or gold level Employer Support for Breastfeeding award winners in your community.
 - Access to knowledgeable childcare providers who understand how to support breastfeeding. Look for Breastfeeding Friendly Child Care facilities in your community.

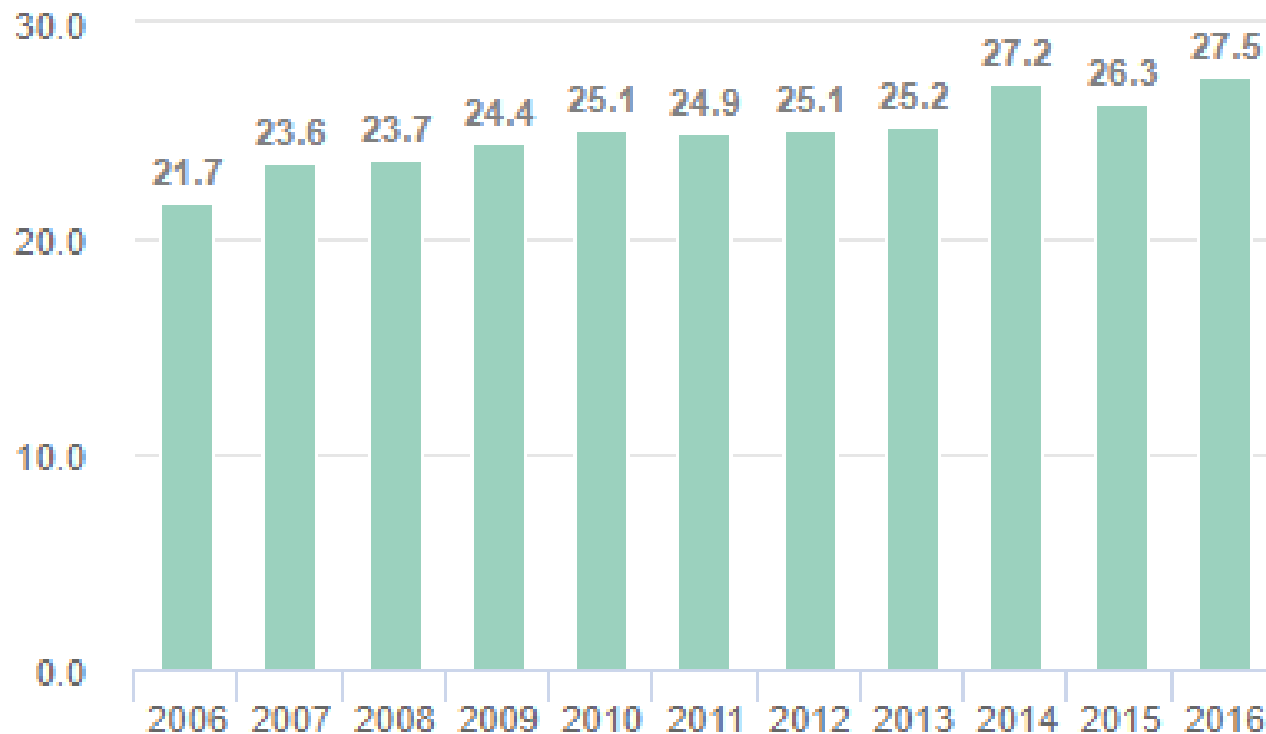
- ❑ Early return to work due to lack of paid family leave is a huge barrier to breastfeeding in the US.

What other barriers can you think of?

Other factors...

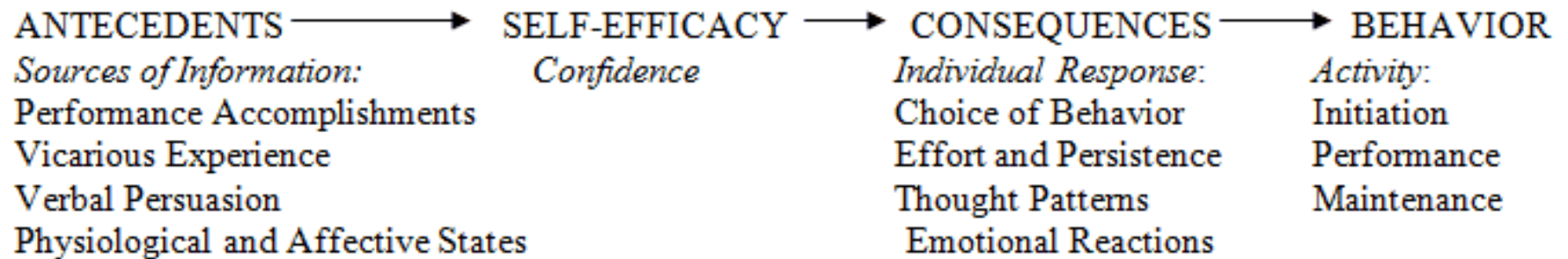
Obesity among women of childbearing age: United States, 2006-2016

Percent of women ages 18-44



Self Efficacy

...as a factor impacting breastfeeding success





Real support for mixed feeding families

Informed Decision-Making



An informed decision is one that is made based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action.

Informed Decision-Making

So how do we talk about feeding options without making moms feel on the defensive?

- Start by asking an open-ended question, such as: ***“Tell me what you know about breastfeeding.”***
- If the response is: *“Oh, I’m not breastfeeding...”* or *“I’m going to do both...”* use open-ended questions to further explore thinking, assumptions and experiences such as ***“Tell me about that. What was that like? How do you feel about that?”***

Informed Decision-Making

- Use active listening and address knowledge gaps. Ask questions about how they made their decision and continue the conversation with: ***“I am here to ensure that you have all the information that you need. It is my job to make sure you are comfortable with your decision and you do not look back and say ‘I wish someone would have told me about that.’”***

Remember that these conversations will be unique to each individual. At the end of the discussion, it is most important that the mother is informed and feels supported in her decision.

Reasons behind “Las dos cosas” (“both things”)

- Formula feeding seen as the “American way”
- Breastfeeding associated with poverty
- Belief that formula contains vitamins which will lead to a chubbier baby (which is desirable)
- Even limited amounts of breastfeeding are sufficient to produce a healthier child.
- Lack of understanding of the negative dose-response effect for formula on health and on milk supply.



Paced Bottle-feeding



- Volume control: If baby takes too much milk when feeding from a bottle, baby may be less interested in coming back to the breast.
- Flow preference, nipple preference
- Keeps baby in control of the feeding and the flow of milk
- Helps to prevent from overfeeding
- Safest way to bottle-feed, no matter what is in the bottle.

Paced Bottle-feeding

- Hold baby semi-upright or upright and tap her lips with the nipple until she opens wide.
- During feedings, hold the bottle nearly horizontal, so the flow isn't too fast.
- Build in pauses every few minutes by lowering the end of the bottle so milk runs out of the nipple. Or remove the nipple from baby's mouth and rest it on her lower lip.
- Repeat throughout the feeding until baby is done. Switch sides halfway through.
- Stop when baby stops, even if there's milk left.
- Burp baby after feeding to bring up any air.



Appropriate volumes

Size of Newborn Stomach



Shooter Marble
Day One
5-7ml

Ping Pong Ball
Day Three
22-27ml

Egg
Day Ten
60-81ml

Low supply or perceived low supply

- ❑ Milk production is the strongest determinant of duration and exclusivity of breastfeeding.
- ❑ Insufficient supply (or perceived insufficient supply) is the most common reason cited by mothers who discontinue breastfeeding before one year.
- ❑ The more frequently and completely the breasts are drained, the more milk a mother will produce. An empty breast makes milk much faster than a full breast.

Safe Formula Preparation

- Infant formula comes in three forms: powder, liquid concentrate and ready-to-feed.
- Powdered formulas cost less but they are not sterile.
- Powdered infant formula may contain a bacteria that can cause a very rare, but serious illness in newborns.
- Teaching should follow guidelines from the WHO, CDC, and USDA/WIC.

How to Prepare Formula for Bottle-Feeding at Home



Every drop counts



- Practice active listening, use welcoming body language and ask open-ended questions.
- Honor her efforts and praise mothers for continuing to breastfeed (even if partially!)
- Connect mothers to resources that will help her overcome barriers.

Your encouragement may be the only source of support a mother may have.



YOU make a Difference!

selected links

U.S. Surgeon General's Call to Action:

<https://www.surgeongeneral.gov/library/calls/breastfeeding/index.html>

Programs of the Kansas Breastfeeding Coalition:

<http://ksbreastfeeding.org/>

On increasing obesity in the US:

<https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=99&top=17&stop=350&lev=1&slev=1&obj=1>

On increasing anxiety & depression:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4447112/>

selected links

On self-efficacy:

<http://www.cindyleedennis.ca/research/1-breastfeeding/breastfeeding-self-efficacy/>

On paced bottle-feeding:

<http://www.nancymohrbacher.com/articles/2013/12/3/for-the-caregiver-of-a-breastfed-baby.html>

On perceptions of mothers and Hispanic culture:

<https://www.ncbi.nlm.nih.gov/pubmed/22007765>

<https://www.liebertpub.com/doi/full/10.1089/bfm.2014.0090#>

On safe formula preparation:

http://www.who.int/foodsafety/publications/micro/PIF_Bottle_en.pdf

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